

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

41863

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6025</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Black River</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Black River</u>		OR TOWN <u>0900</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>12 mi. S.W. of Belleview</u>				d. STREET ADDRESS (If rural, give location) <u>12 mi. S.W. of Belleview</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PIERCE</u>		b. (Middle) <u>B.</u>		c. (Last) <u>WHITMORE</u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>12</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>JUNE 10 1897</u>		9. AGE (In years last birthday) <u>53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR CO.</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL A. WHITMORE</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA MURPHY</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>498-26-3979</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAE GASTREICH</u>		ADDRESS <u>3160th NEBRASKA</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis of the heart</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Miller, M.D.</u> (Degree or title) <u>0 (Coroner)</u>				23b. ADDRESS <u>Centerville, Mo</u>		23c. DATE SIGNED <u>12/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CCM.</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/18/50</u>		REGISTRAR'S SIGNATURE <u>C. H. Gastreich</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutis</u> ADDRESS <u>2906 Garvin</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 6

File No.

29/1951

JAN 15 1951

JAN 29 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.